

CEHR-L OCE Supplement to Army Regulation 600-85	Department of the Army U.S. Army Corps of Engineers Washington, DC 20314-1000	AR 600-85 1 May 78
	Personnel ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM (OCE SUPPL 1) CH 1	
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DEPARTMENT OF THE ARMY
Office of the Chief of Engineers
DAEN-CPL Washington, D.C. 20314

OCE Supplement 1
to AR 600-85

15 April 1977

Personnel - General
ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM

Local supplementation of this regulation is required. One copy of each supplement will be sent to HQDA (DAEN-CPL) and (DAEN-ASP-R) WASH DC 20314; DISTENGR will furnish copies to appropriate DIVENGR.

AR 600-85, 1 May 1976, is supplemented as follows:

Page 1-1, paragraph 1-1, Purpose and Scope. Add subparagraphs a and b.

a. This supplement establishes U. S. Army Corps of Engineers policy and procedures, consistent with the intent of those established by AR 600-85, for application of the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).

b. This supplement applies to all Corps field operating agencies except EUD, HND, POD, ETL, FESA, CERC, EDPC and IWR. Field operating agencies excluded from coverage of the supplement will establish programs in consonance with their servicing or host activity.

Page 1-2, paragraph 1-7, Responsibilities. Add subparagraph i.

i. Staff responsibility for plans, policies, programs, evaluation and budgetary review pertaining to the Corps ADAPCP is assigned to the Chief, Labor and Employee Relations, Office of Civilian Personnel, Office, Chief of Engineers.

Page 1-4, paragraph 1-11, Organization and Procedures. Add subparagraph c.

c. Commanders will ensure that the individual appointed as the ADCO has (1) sufficient status within the organization to supervise and control the ADAPCP functions and (2) under normal circumstances has direct access to the Commander or Deputy Commander.

This supplement supersedes OCE Suppl 2, 30 Aug 73 to AR 600-300, 24 Jan 72.

Page 1-4, paragraph 1-12c, Civilian Program Coordinator (CPC). Add subparagraphs (8) through (14).

(8) Maintain liaison with civilian community rehabilitation agencies.

(9) Maintain liaison with other military and civilian agencies to facilitate coordination of support for the ADAPCP.

(10) Conduct an initial interview (paragraph 6-4) of individuals and provide a copy to physicians performing clinical evaluations.

(11) Consult with commanders regarding client progress in rehabilitation.

(12) Provide input for ADAPCP recommendation regarding client progress in rehabilitation.

(13) Prepare and maintain required client records and reports in accordance with procedures prescribed in Chapters 6 and 7.

(14) Provide information about other Army programs and recommend referral of clients to other agencies as appropriate.

Page 1-4, paragraph 1-12, Responsibilities. Add subparagraph h.

h. Exception. Except as provided in subparagraphs a and c, the positions and responsibilities enumerated in paragraph b and paragraph d through g will not be included in the Corps ADAPCP.

Page 1-5, paragraph 1-13, Selection of ADAPCP Personnel. Add subparagraph e.

e. The selection of a CPC, except as noted in paragraph 7-8c, should be based upon the individual's interest and effectiveness in the program regardless of primary job assignment.

Page 2-4, paragraph 2-12, Councils. Add the following to subparagraph b.

Except for the ADCO and CPC, the size of and membership on the council is totally within the discretionary judgment of the local commander.

Page 6-3, paragraph 6-4, Initial Interview. Add the following to subparagraph a.

In the absence of counselors, an initial interview will be conducted by the CPC.

Page 7-2, paragraph 7-8, CPA and CPC. Add subparagraph c.

c. Personnel Officers will not be assigned the duties of CPC. This does not preclude other individuals within the Personnel Office from being assigned the duties of CPC.

Page 7-4, paragraph 7-13a, Education and Training. Add subparagraph (4).

(4) Four hours of training will be provided supervisors annually. Employees will receive up to four hours orientation annually.


Page 7-4, paragraph 7-14, Biochemical Testing. Add subparagraph c.

c. Part-time CPC's are not subject to mandatory random or commander-directed urinalysis.

Page 7-4, paragraph 7-15, Program entry and referral. Add the following to subparagraph c.

In the absence of a clinical director, civilian community rehabilitation programs must have approval of the ADCO and CPC prior to client referral.

FOR THE CHIEF OF ENGINEERS:



RUSSELL J. LAMP
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Executive